

**BEST AVAILABLE COPY**  
**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. 141259658  
 APPLICANT(S)

FILED DATE 2/26/79

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
		IND.	DEP.	IND.	DEP.		IND.	DEP.			
1	1					61					
2		1				62					
3		1				63					
4		1				64					
5		2				65					
6		2				66					
7		2				67					
8		1				68					
9		2				69					
10		2				70					
11		2				71					
12		1				72					
13		1				73					
14		1				74					
15		1				75					
16		1				76					
17	1		1		1	77					
18	1		1		1	78					
19	1		1		1	79					
20			1		1	80					
21			1		1	81					
22			1		1	82					
23			1		1	83					
24			2		2	84					
25			2		2	85					
26			2		2	86					
27			2		2	87					
28			2		2	88					
29			2		2	89					
30			2		2	90					
31			2		2	91					
32			2		2	92					
33			2		2	93					
34		1	2		2	94					
35		1		1		95					
36			2		2	96					
37			2		2	97					
38			2		2	98					
39			2		2	99					
40			2		2	100					
41		1		1		TOTAL IND.					
42						TOTAL DEP.					
43						TOTAL CLAIMS					
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	4		8		8						
TOTAL DEP.	21		24		25						
TOTAL CLAIMS	25		32		33						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS